## **Application Data Sheet**

## **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested Group Art Unit::

2876

Suggested Classification::

235/379

Title::

PICKER SHAFT ARRANGEMENT FOR ATM

**CURRENCY DISPENSER** 

Attorney Docket Number::

D-1222 R2

Request for Early Publication?:: No

NI<sub>0</sub>

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

**Total Drawing Sheets::** 

48

Small Entity::

No

Petition included?::

Secrecy Order in Parent Appl.?:: No

No

## **Applicant Information**

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Harty

Name Suffix::

City of Residence:: North Canton

State or Province of Residence:: OH

Country of Residence:: US

Street of mailing address:: 6265 Walnut Ridge Circle NW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: H.

Middle Name:: Thomas

Family Name:: Graef

Name Suffix::

City of Residence:: Bolivar

State or Province of Residence:: OH

Country of Residence:: US

Street of mailing address:: Post Office Box 287

City of mailing address:: Bolivar

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Middle Name::

Family Name:: Jones

Name Suffix::

City of Residence:: Navarre

State or Prov. Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 5870 Richville Drive SW

City of mailing address:: Navarre

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jon

Middle Name:: E.

Family Name:: Washington

Name Suffix::

City of Residence:: Clinton

State or Province of Residence:: OH

Country of Residence:: US

Street of mailing address:: 6732 Christman Road

City of mailing address:: Clinton

State or Province of mailing address:: OH

Country of mailing address:: US

# **Correspondence Information**

Correspondence Customer Number:: 28995

#### Representative Information

Representative Customer Number::	28995

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	An application	60/453,609	03/10/2003
	claiming the benefit		
	under 35 USC 119(e)		

# **Assignee Information**

Assignee Name:: Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH